NLM DOCLINE ROUTING TABLE CHANGE REQUEST FORM REGION 6

DEPARTMENT/LIBRARY: ADDRESS: LIBID: CONTACT PERSON: TITLE: AREA CODE: () TELEPHONE NUMBER: AREA CODE: () FAX PHONE NUMBER: AREA CODE: () FAX PHONE NUMBER: ARIEL ADDRESS: ARIEL ADDRESS: ARIEL ADDRESS: Does the library routinely fill interlibrary loan requests by fax (on a non-emergency basis)? 1. List the code(s) you use to access DOCLINE: 2. Which routing table(s) will be changed? [] SERLINE ROUTING TABLE [] MONOGRAPH/AUDIOVISUAL/NON-SERLINE ROUTING TABLE [] BOTH Monograph/Audiovisual/Non-SERLINE Routing Table: Do you presently have a Monograph/Audiovisual/Non-SERLINE Routing Table? YES NO CELL A: LIBID INSTITUTION CELL B: LIBID INSTITUTION CELL C: LIBID INSTITUTION CELL C: LIBID INSTITUTION CELL D: LIBID INSTITUTION CELL D: LIBID INSTITUTION CELL C: LIBID INSTITUT	INSTITUTION:	
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LIBID	CELL 1 INSTITUTION	LIBID	CELL 2 INSTITUTION	LIBID	CELL 3 INSTITUTION

SERLINE ROUTING TABLE DOCLINE SYSTEM REGION:_____ LIBID:_____

P. 2

INSTITUTION:		REGION:	LIBID:		P. 3	
LIBID	CELL 4 INSTITUTION	LIBID	CELL 5 INSTITUTION	LIBID	CELL 6 INSTITUTION	

INSTITUTION:		REGION:	LIBID:		P. 4	
LIBID	CELL 7 INSTITUTION	LIBID	CELL 8 INSTITUTION	LIBID	CELL 9 INSTITUTION	